

MDR Tracking Number: M5-04-1416-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General, 133.307 titled Medical Dispute Resolution of a Medical Fee Dispute, and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. This dispute was received on 1-20-04.

The IRO reviewed electrical stimulation (unattended), office visits w/manipulations, joint mobilization, manual traction, unlisted modality, therapeutic exercises, neuromuscular re-education, manual therapy technique, manipulation, electrodes, chiropractic manipulation treatment, and nervous system surgery and unlisted procedure on 1-21-03 to 9-10-03.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. Consequently, the requestor is not owed a refund of the paid IRO fee.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division. On 4-6-04, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

On 10-19-04, the requestor submitted a withdrawal on the additional issues.

The above Decision is hereby issued this 22nd day of October 2004.

Dee Z. Torres  
Medical Dispute Resolution Officer  
Medical Review Division

April 1, 2004

David Martinez  
TWCC Medical Dispute Resolution  
4000 IH 35 South, MS 48  
Austin, TX 78704

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IRO #: 5251

\_\_\_ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to \_\_\_ for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

\_\_\_ has performed an independent review of the care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Doctor of Chiropractic. The reviewer is on the TWCC Approved Doctor List (ADL). The \_\_\_ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to \_\_\_ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

#### CLINICAL HISTORY

Based on the extensive information available, this patient suffered an injury to her lower back during the regular course of her employment on \_\_\_. She indicated that she was throwing heavy trash into a dumpster and subsequently felt pain in her lower back. The patient appears to have seen Dr. W for medical treatment but no records of that were provided for review. She was seen for neurodiagnostic studies on 06/03/02 that suggested no abnormalities and no evidence of radiculopathy. The history from her neurodiagnostic examination suggested that she was unsure of what caused her pain, though she does have a history of falls and a back surgery dating back to 1980.

An initial chiropractic report was submitted by Dr. V that suggested the patient had failed medical treatment and would be a good candidate for chiropractic care. No past medical history and no records of prior medical treatment were provided for review. Dr. V provided a diagnosis of lumbar sprain/strain, subluxation and lumbosacral radiculitis. The patient was then given a treatment plan consisting of multiple passive modalities, mobilizations and manipulations at 6x per week for three weeks, then 3x per week for five weeks.

On 07/25/02 the chiropractic notes suggest that the patient was experiencing hand weakness and wrist pain unrelated to the working diagnosis and injury. Additional chiropractic joint mobilizations were provided for these new disorders. A lumbar MRI was performed on 07/31/02 that suggested no evidence of acute disc herniation. Some evidence of minimal disc bulging was noted at L4/5 segments with additional evidence of a previous laminectomy at L5/S1. Multiple unsigned chiropractic SOAP notes suggested that the patient continued with therapeutic exercise, multiple passive modalities and Gonstead adjustments. The patient appears to have been referred to Dr. S for epidural

steroid injections on 09/06/02. Dr. F provided follow-up selective nerve blocks and ESIs from 10/16/02 through 11/25/02. The patient continued with concurrent treatment for both the right wrist and lower back with chiropractic care through the remainder of 2002 with her complaints essentially unchanged.

A chiropractic re-examination of her wrist condition was provided on 01/29/03 but no date of injury or working diagnosis was provided for review. Chiropractic care continued in 2003 with chiropractic SOAP notes that indicated no specific frequency level or duration of treatment noted, and no specific change in the patient's condition noted. An unsigned chiropractic progress report dated 07/07/03 suggested that the patient was then being treated with undefined STS therapy for chronic pain, and the treatment areas appear to have been the right and left feet. This patient also appears to have continued with active and passive modalities, in addition to manipulation and mobilizations with no specific clinical rationale provided. These treatments appeared essentially unchanged through 09/12/03.

#### DISPUTED SERVICES

Under dispute is the medical necessity of chiropractic office visits, office visits with manipulation, electrical stimulation, manual traction, joint mobilization, manual therapy, therapeutic exercise, neuro reeducation, manipulation, electrodes, nerve sys surgery and unlisted modalities for dates of service 1/21/03 through 9/10/03.

#### DECISION

The reviewer agrees with the prior adverse determination.

#### BASIS FOR THE DECISION

The medical necessity for services performed for the dates in dispute are not supported by the documentation. Ongoing passive, active and unlisted therapy applications for conditions of this nature are not supported by available peer-reviewed clinical literature or generally accepted professional standard of care. In addition, there appears to be some question as to the causal relation of these conditions to compensable injuries.

\_\_\_ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. \_\_\_ has made no determinations regarding benefits available under the injured employee's policy

As an officer of \_\_\_, I certify that there is no known conflict between the reviewer, \_\_\_ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

\_\_\_ is forwarding this finding by US Postal Service to the TWCC.

Sincerely,